

**EXHIBIT "G"**

Property Damage Claim	<b>BUILDING IDENTIFICATION</b>	Section A Categories 1 & 2
Please refer to this claim number on all correspondence:		
Category _____		Claim _____
Claimant #	Building #	Installation #

**Note:** Installation number is used to establish a separate claim number where a building has more than one installation date of Celotex ACM.

**PLEASE READ THE COMPLETE INSTRUCTIONS BEFORE COMPLETING THESE FORMS.**

Make photocopies of the entire set of forms before you begin.

**Note:** Each installation in a building of Celotex or Carey Canada ("Celotex") Asbestos Containing Material ("ACM") will be a separate claim. All Abatement Costs, whether incurred in one or more Abatement Projects, must be identified as related to a particular installation of Celotex ACM. Each installation in a building of a Celotex ACM product is a separate claim.

A copy of Section A must accompany each claim (installation). Complete a separate Section B for each installation in a building.

Each Section B is a claim.

Category 1(a) claims require completion of Question 1 of Section C-1 and Question 5 of C-2. There must be a Section C-1 and C-2 and Index C completed for each Category 1(b), 1(c) & 2 claim.

Complete a separate Section D-1 and D-2 and Supporting Worksheet for each Abatement project related to each claim. Category 1(c) and 2 Claimants must complete Section E-1 and E-2 to claim past Non-Abatement Costs and Section F-1 and F-2 to claim future Non-Abatement Costs. Complete one Section G as a recap of all Sections D's, E's and F's for each claim. Complete Section H(Past) to utilize the Cost Model in lieu of Actual Costs of Past Abatement. Complete Section H(Future) to file a claim for Future Estimated Costs. Section I is the certification of the claim and is required.

**1. Enter the Name and Street Address of the Building. (Post Office number is not acceptable)**

Building Name		
Street Address		
City	State	Zip Code

**2. Enter the Building Code that best describes the building: Code #**

- |                         |                            |                          |                 |
|-------------------------|----------------------------|--------------------------|-----------------|
| 1. Airport-Hangar       | 8. Courthouse              | 15. Industrial Plant     | 22. Warehouse   |
| 2. Airport-Service Area | 9. Dormitory               | 16. Library              | 23. Other _____ |
| 3. Airport Terminal     | 10. Fire Station           | 17. Museum               | _____           |
| 4. Apartment            | 11. Gym/Arena/Civic Center | 18. Office Building      | _____           |
| 5. Armory               | 12. Hospital               | 19. Prison               |                 |
| 6. Auditorium/Theatre   | 13. Hotel                  | 20. School               |                 |
| 7. Church               | 14. Human Resource Center  | 21. Shopping Center Mall |                 |

**3. Enter the Name, Address, Title & Telephone Number (with area code) of the Representative to whom communications should be sent regarding this building and to arrange inspection:**

Name	Title
Mailing Address	Firm Name
	Telephone #: (    )
City, ST, Zip	Facsimile #: (    )
	E-Mail Address:

**4. Enter Claimant information: "Claimant" may be an Owner, Operator or the class representative for a defined Class Action pursuant to the Celotex Asbestos Property Damage Claims Resolution Procedures.**

Name	Contact (if applicable)
Mailing Address	Title of Contact
	Telephone #: (    )
City, ST, Zip	Facsimile #: (    )

# CELOTEX ASBESTOS SETTLEMENT TRUST CLAIM FORM

## INSTALLATION/PRODUCT LOCATION

Property Damage  
Claim

Section B

Categories 1(a), 1(b), 1(c) & 2

Claim #

Claimant # Building # Installation #

1. Building Name															
2. Original Construction Period		Month	Year	Through	Month	Year	3. Installation Period for this Claim		Month	19	Year	Through	Month	19	Year
Celotex Product Name															
Celotex Product Function															
6. Locations Within this Building where Celotex ACM Product was installed.				Location 1		Location 2		Location 3		Location 4					
Indicate below: Square or Lineal Footage of Celotex ACM for each Location by Installation Surface (Square Footage - SF; Lineal Footage - LF)				Installation Surface:		SF or LF		SF or LF		SF or LF		SF or LF			
				Pipe		LF		LF		LF		LF			
				Boiler or Vessel		SF		SF		SF		SF			
				Structural Steel		SF		SF		SF		SF			
				Ceiling		SF		SF		SF		SF			
				Walls		SF		SF		SF		SF			
				Roof		SF		SF		SF		SF			
				Floor		SF		SF		SF		SF			
Other (describe)															
7. Document citations from Index C Supporting the Existence of the above Celotex ACM Product in this location.															
Example: C-011 pages 4-6															

Property Damage  
Claim

**PRODUCT IDENTIFICATION**  
**CAUSE OF ACTION**

Section C-1  
Categories 1 (a), 1(b), 1(c) & 2

Claim # \_\_\_\_\_

Claimant # \_\_\_\_\_ Building # \_\_\_\_\_ Installation # \_\_\_\_\_

1. Representative Claimant in Celotex Insurance Adversary? Yes ☐ No ☐  
(If "Yes", skip the remainder of Section C-1, but complete Question 5 of Section C-2. If "No", complete Section C-1, C-2 and Index C.)

2. Indicate Celotex Product Name: \_\_\_\_\_

3. Describe Product Function: \_\_\_\_\_

4. Check Appropriate Box(es) Indicating the Classification of Evidence of Celotex ACM.  
(Product Identification Evidence):

Classification (i) Constituent Analysis	Classification (ii) Affidavit	Classification (iii) Documentation	Classification (iv) Judicially Determined
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Briefly Describe and Attach Product ID  
Classification Documents (List in Index C):


5. Describe Product Identification Evidence if Other than one of the Classifications Above:


For Questions 6-10 below, check the appropriate box.

YES NO

6. Is Bulk Sample Analysis Evidence of ACM attached?  
(If "Yes", attach supporting documentation and list in Index C)

☐ ☐

7. Is Evidence of Proof of Quantity of ACM attached?  
(If "Yes", attach supporting documentation and list in Index C)

☐ ☐

8. Has Claimant Performed Constituent Analysis?  
(If "Yes", attach supporting documents and evidence that sample(s) are representative and list in Index C)

☐ ☐

9. Pre-Existing Claimant?  
(If "Yes", attach Pre-Existing Claimant supporting documentation and list in Index C)

☐ ☐

10. Attorney Certifying Claim Not Barred Due to Statute of Limitations or  
Repose in Applicable Jurisdiction:

☐ ☐

Name	Title
Mailing Address	Firm Name
	Telephone #: ( )
City, ST, Zip	Facsimile #: ( )

Applicable Jurisdiction: \_\_\_\_\_

Attach Certified Affidavit Stating: Reason Claim not barred and list in Index C.

Property Damage  
Claim

**RODUCT IDENTIFICATION**  
**CAUSE OF ACTION**

Section C-2  
Categories 1(a), 1(b), 1(c) & 2

Claim # \_\_\_\_\_

Claimant # \_\_\_\_\_ Building # \_\_\_\_\_ Installation # \_\_\_\_\_

1. **Asbestos Hazard Information:** To the extent that the following information is available, provide any documents or information with relevant dates indicating that, after the date of installation of Celotex ACM, the level of asbestos in the interior atmosphere of this Building

- a. Was greater than the asbestos levels in the exterior ambient atmosphere or
- b. Exceeded the limits established by any governmental entity.

2. **Corrective Action Information:** To the extent that the following is available, provide any documents or information with relevant dates indicating that, after the date of installation of Celotex ACM, any Celotex ACM was required to be maintained, removed, abated, remediated or otherwise remedied to avoid a potential health hazard to Building occupants or to comply with existing law because:

- a. Through the normal use and occupancy of the Building, including reasonable remodeling or renovation, the law required the Celotex ACM to be maintained, removed, abated, remediated or otherwise remedied;
  - b. Celotex ACM installed in the Building was disturbed, deteriorated, or was otherwise damaged through no failure of the building owner;
  - c. Levels of asbestos fibers in the building atmosphere were such that the owner was required to develop and use a maintenance program to ensure that levels of asbestos fibers did not become potential health hazards or to reduce levels below governmental standards relating to asbestos fibers; or
  - d. Other (specify below).
- \_\_\_\_\_
- \_\_\_\_\_

3. **Discovery Date Information:** To the extent that the following information is known and available, on what date did the Claimant determine that Corrective Action was/is necessary with respect to

- a. Celotex ACM in this Building? a. \_\_\_\_\_
- b. On what date, if any, was the Corrective Action completed? b. \_\_\_\_\_

4. **Types of Responsive Information:** Documents and information provided pursuant to Questions 1, 2 and 3 above should include the following types where available (List each document in Index C):

- |                                |       |                                  |       |
|--------------------------------|-------|----------------------------------|-------|
| a. Inspection Report(s)        | _____ | b. Removal Determination         | _____ |
| c. Building Survey(s)          | _____ | d. Operations & Maintenance Plan | _____ |
| e. Sampling or Testing Results | _____ | f. Encapsulation Contract        | _____ |
| g. Management Plan             | _____ | h. Enclosure Contract            | _____ |
| i. Other (describe below)      | _____ |                                  |       |
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

5. Is Claimant a Smith & Kanzler ("S&K") Claimant? (All Claimants must answer.) Yes ☐ No ☐  
(If "Yes", attach supporting documentation and list in Index C)

Property Damage Claim	<b>PROJECT IDENTIFICATION INDEX</b> <b>CAUSE OF ACTION INDEX</b>	Index C Categories 1(a), 1(b), 1(c) & 2
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Claim # \_\_\_\_\_

Claimant #    Building #    Installation #

Document Number	Type Code	To Support Code	Author or Originator		Document Date
			Person	Organization	
C-					
C-					
C-					
C-					
C-					
C-					
C-					
C-					
C-					
C-					
C-					
C-					
C-					
C-					
C-					

Property Damage  
 Claim

**PAST ABATEMENT COST  
 DOCUMENTATION**

Section D-1  
 Categories 1 (a), 1(b), 1(c) & 2

Claim # \_\_\_\_\_  
 Claimant # \_\_\_\_\_ Building # \_\_\_\_\_ Installation # \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_  
 Of Section D-1

A separate Section D-1 & D-2 should be completed with Worksheet for each Abatement project that is a part of this claim. D-1 is not required if Claimant elects to use the Cost Model to calculate Past Abatement Costs of Celotex ACM, instead complete Section H(Past).

**Note:** More than one Section D-1 form may be used, if needed, for a single Abatement project. List all cost documents, that apply to this Abatement project for this claim and include a copy of each as support.

<p>1. Assign a sequential DOCUMENT NUMBER for each Abatement Cost document enclosed with this claim beginning with 101 for the first Abatement project; 201 for the second Abatement project, etc. Number the cost document with the corresponding assigned number.</p> <p>2. DESCRIPTION of document</p> <p>3. Enter the document TYPE CODE(S):</p> <ul style="list-style-type: none"> <li>1. Scope of Work</li> <li>2. Proof of Payment Document</li> <li>3. Contract</li> <li>4. Proof of Direct Claimant Payment</li> <li>5. Document Substantiating In-House Abatement Work</li> </ul>	<p>4. Enter LOCATION(S) (1, 2, 3 or 4) corresponding to Section B LOCATION(S) to which the Abatement Cost Document applies.</p> <p>5. Enter UNDUPLICATED DOLLAR AMOUNT of claim net of deductions for Abatement Costs not allowed under the Celotex Procedures. Attached Worksheets should clearly show the deductions taken for disallowed costs.</p>
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Year(s) of this Abatement Project 19 \_\_\_\_\_ through 19 \_\_\_\_\_

Document number	Description	Code	Location(s)	Net Claim Amount (\$)
D-				
D-				
D-				
D-				
D-				
D-				
D-				
D-				
D-				
D-				
D-				
Total Amount of Net Past Abatement Costs				

## CELOTEX ASBESTOS SETTLEMENT TRUST CLAIM FORM

Property Damage  
Claim**PAST ABATEMENT COST  
DOCUMENTATION**Section D-2  
Categories 1 (a), 1(b), 1(c) & 2Claim # \_\_\_\_\_  
Claimant # Building # Installation #Page \_\_\_\_\_ of \_\_\_\_\_  
Of Section D-2

A Section D-2 and an Abatement Cost Documentation Worksheet(s) must accompany each section D-1 to summarize and support Abatement Cost Documentation for each Abatement Project that is a part of this claim. The Abatement Cost Documentation Worksheet(s) is not required if Claimant elects to use the Cost Model to calculate Past Abatement Costs of Celotex ACM, instead complete Section H(Past).

1. Year(s) of this Abatement Project 19 \_\_\_\_\_ through 19 \_\_\_\_\_
2. Scope of Work Performed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Locations within this Building where Abatement Work was performed as part of this Abatement Project. (Use Locations from Section B). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Summary of Costs Incurred in this Abatement Project with respect to Celotex ACM.

Disposition of Celotex ACM	Quantity of Celotex ACM	Net Abatement Costs Allowed under Celotex PD Procedures
Enclosed	SF/LF	\$
Encapsulated	SF/LF	\$
Removed (Previously Untreated)	SF/LF	\$
Removed (Previously Enclosed)	SF/LF	\$
Removed (Previously Encapsulated)	SF/LF	\$

5. In Support of the Summary of this Abatement Project, attach an Abatement Cost Documentation Worksheet that provides the following information for each Contract that is a part of this Abatement Project.

- 5a. Name of Contractor ("Contractor" could be In-House Personnel).
- 5b. Document Number from Section D-1 for each Document related to the Contract (or work performed by In-House Personnel).
- 5c. Itemization of Abatement Costs, including a proration to exclude Abatement of Non-Celotex ACM and Costs not allowed as Abatement Costs under the Celotex PD Procedures.
- 5d. Net Claim Amount of the Contract.
- 5e. Additional Information, including Date of Work and Scope of Work.
- 5f. Linkage of Abatement Costs and Location of Celotex ACM

**NOTE:** Sample Worksheets are included as an Attachment to the Instructions.



## CELOTEX ASBESTOS SETTLEMENT TRUST CLAIM FORM

Property Damage  
Claim**PAST NON-ABATEMENT COST  
DOCUMENTATION**Section E-1  
Categories 1(c) & 2

Claim # \_\_\_\_\_

Claimant # \_\_\_\_\_ Building # \_\_\_\_\_ Installation # \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_  
Of Section E-1

Section E-1 and E-2 are required for each claim in Categories 1(c) & 2 that claim compensable Past Non-Abatement Costs (primarily past operations and maintenance costs).

<ol style="list-style-type: none"> <li>1. Assign a sequential DOCUMENT NUMBER for each Past Non-Abatement Cost document enclosed with this claim beginning with E-801. Number the cost document with the corresponding assigned number.</li> <li>2. DESCRIPTION of document</li> <li>3. Enter the document TYPE CODE(S):               <ol style="list-style-type: none"> <li>1. Scope of Work</li> <li>2. Proof of Payment Document</li> <li>3. Contract</li> <li>4. Proof of Direct Claimant Payment</li> <li>5. Document Substantiating In-House Past Non-Abatement Work</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>4. Enter LOCATION(S) (1, 2, 3 or 4) corresponding to Section B LOCATION(S) to which the Past Non-Abatement Cost Document applies.</li> <li>5. Enter UNDUPLICATED DOLLAR AMOUNT of claim net of deductions for Past Non-Abatement Costs not allowed under the Celotex Procedures. Attached Worksheets should clearly show the deductions taken for disallowed costs.</li> </ol>
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Document number	Description	Code	Location(s)	Net Claim Amount (\$)
E-				
E-				
E-				
E-				
E-				
E-				
E-				
E-				
E-				
E-				
E-				
Total Amount of Net Past Non-Abatement Costs				

Property Damage Claim	<b>PAST NON-ABATEMENT COST DOCUMENTATION</b>	Section E-2 Categories 1(c) & 2
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Claim # \_\_\_\_\_  
Claimant # \_\_\_\_\_ Building # \_\_\_\_\_ Installation # \_\_\_\_\_

A Section E-2 and a Past Non-Abatement Cost Documentation Worksheet(s) must accompany Section E-1 to summarize and support Past Non-Abatement Cost Documentation for compensable Past Non-Abatement Costs that are part of this claim.

1. Year(s) of: Survey 19 \_\_\_\_\_ through 19 \_\_\_\_\_  
O & M 19 \_\_\_\_\_ through 19 \_\_\_\_\_  
Other 19 \_\_\_\_\_ through 19 \_\_\_\_\_

2. Scope of Past Non-Abatement Work Performed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Locations Within this Building where Past Non-Abatement Work, included in this claim, was Performed. (Use Locations from Section B). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Summary of Past Non-Abatement Costs for Celotex ACM only.

Compensable Celotex Past Non-Abatement Costs:	Quantity of Celotex ACM	Net Past Non-Abatement Costs Allowed under Celotex PD Procedures
Survey	SF/LF	\$
Asbestos Plan	SF/LF	\$
Operations & Maintenance	SF/LF	\$
Other	SF/LF	\$
Total	SF/LF	\$

5. In Support of the Summary of Past Non-Abatement Costs, attach a Cost Documentation Worksheet that provides the following information for each Contract that is a part of Past Non-Abatement Costs.

- 5a. Name of Contractor ("Contractor" could be In-House Personnel).
- 5b. Document Number from Section E-1 for each Document related to the Contract (or work performed by In-House Personnel).
- 5c. Itemization of Past Non-Abatement Costs, including a proration to exclude Past Non-Abatement Costs related to Non-Celotex ACM and Past Non-Abatement Costs not compensable under the Celotex PD Procedures.
- 5d. Net Claim Amount of the Contract.
- 5e. Additional Information, including Date of Work and Scope of Work.
- 5f. Linkage of Past Non-Abatement Costs and Location of Celotex ACM.

**NOTE:** Sample Worksheets are included as an Attachment to the Instructions.

## CELOTEX / BESTOS SETTLEMENT TRUST CLAIM FORM

Property Damage  
Claim**FUTURE NON-ABATEMENT  
COST DOCUMENTATION**Section F-1  
Categories 1(c) & 2

Claim # \_\_\_\_\_

Claimant # \_\_\_\_\_ Building # \_\_\_\_\_ Installation # \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_  
Of Section F-1

Section F-1 and F-2 are required for each claim in Categories 1(c) & 2 that claim compensable Future Non-Abatement Costs (primarily future operations and maintenance costs).

<p>1. Assign a sequential DOCUMENT NUMBER for each Future Non-Abatement Cost document enclosed with this claim beginning with F-901. Number the cost document with the corresponding assigned number.</p> <p>2. DESCRIPTION of document</p> <p>3. Enter the document TYPE CODE(S):</p> <ol style="list-style-type: none"> <li>1. Expert Report (Report of Qualified Person)</li> <li>2. Proof of Past Non-Abatement Costs used to Support Claim for Future Non-Abatement Costs</li> <li>3. Contract for Future Services</li> <li>4. Applicable Standards requiring Future Non-Abatement Activities</li> </ol>	<p>4. Enter LOCATION(S) (1, 2, 3 or 4) corresponding to Section B LOCATION(S) to which the Future Non-Abatement Cost Document applies.</p> <p>5. Enter the UNDUPLICATED DOLLAR AMOUNT of claim net of deductions for Future Non-Abatement Costs not allowed under the Celotex Procedures. Attached Worksheets should clearly show the deductions taken for disallowed costs.</p>
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Document number	Description	Code	Location(s)	Net Claim Amount (\$)
F-				
F-				
F-				
F-				
F-				
F-				
F-				
F-				
F-				
F-				
F-				
Total Amount of Net Future Non-Abatement Costs				

Property Damage  
Claim

**FUTURE NON-ABATEMENT  
COST DOCUMENTATION**

Section F-2  
Categories 1(c) & 2

Claim # \_\_\_\_\_

Claimant # \_\_\_\_\_ Building # \_\_\_\_\_ Installation # \_\_\_\_\_

A Section F-2 and a Future Non-Abatement Cost Documentation Worksheet(s) must accompany Section F-1 to summarize and support Future Non-Abatement Cost Documentation for compensable Future Non-Abatement Costs that are part of this claim.

1. Year(s) for which Future Non-Abatement Costs are claimed: 19 \_\_\_\_ through \_\_\_\_
2. Scope of Future Non-Abatement Work to be Performed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Locations Within this Building where Future Non-Abatement Work, included in this claim, will be performed. (Use Locations from Section B). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Summary of Future Non-Abatement Costs for Celotex ACM only.

Compensable Celotex Future Non-Abatement Costs:	Quantity of Celotex ACM	Net Future Non-Abatement Costs Allowed under Celotex PD Procedures
Survey	SF/LF	\$
Asbestos Plan	SF/LF	\$
Operations & Maintenance	SF/LF	\$
Other	SF/LF	\$
Total	SF/LF	\$

5. In Support of the Summary of Future Non-Abatement Costs, attach a Cost Documentation Worksheet that provides the following information for activities, required to manage Celotex ACM in place, that are a part of this Claim for Future Non-Abatement Costs.
  - 5a. List Future Non-Abatement activities required for safe and effective management of existing Celotex ACM.
  - 5b. Itemization of the annual cost of recurring Future Non-Abatement activities, including a proration to exclude Future Non-Abatement Costs related to Non-Celotex ACM and Future Non-Abatement Costs not compensable under the Celotex PD Procedures.
  - 5c. Itemization of the cost of non-recurring Future Non-Abatement activities, including a proration to exclude Future Non-Abatement Costs related to Non-Celotex ACM and Future Non-Abatement Costs not compensable under the Celotex PD Procedures.
  - 5d. Number of years that recurring Future Non-Abatement Costs will be incurred.
  - 5e. Total Cost of each Future Non-Abatement Activity.
  - 5f. Total Future Non-Abatement Costs net of exclusions from 5b. and 5c. above.
  - 5g. Linkage of Future Non-Abatement Costs and Location of Celotex ACM.

**NOTE:** Sample Worksheets are included as an Attachment to the Instructions.

## CELOTEX ASBESTOS SETTLEMENT TRUST CLAIM FORM

Property Damage  
Claim**CLAIM SUMMARY**  
**QUANTITY & ALLOWED COSTS**Section G  
Categories 1(a), 1(b), 1(c) & 2

Claim # \_\_\_\_\_

Claimant # \_\_\_\_\_ Building # \_\_\_\_\_ Installation # \_\_\_\_\_

1. State the Quantity of Celotex ACM in square footage ("SF") or lineal footage ("LF") in Column A for which this claim is made and the corresponding location(s) of same in Column B.

2. Recap the Total Allowed Costs for this Claim in Column C based on Abatement Activity, Non-Abatement Activity, and Allowed Cost Components.

		A	B	C
Description of Abatement Activity		Total Quantity SF or LF of Celotex ACM	Location by Number from Section B	Past Abatement Costs \$ Allowed Costs
1a.	Enclosed & Later Removed	SF		\$
1b.		LF		\$
2a.	Encapsulated & Later Removed	SF		\$
2b.		LF		\$
3a.	Untreated & Removed	SF		N/A
3b.		LF		
4a.	Total ACM Removed <sup>1</sup>	SF Column A 1a+2a+3a	N/A	\$ (1)
4b.		LF Column A 1b+2b+3b		\$ (1)
5a.	Enclosed & Remaining	SF		\$
5b.		LF		\$
6a.	Encapsulated & Remaining	SF		\$
6b.		LF		\$
7a.	Untreated & Remaining	SF		N/A
7b.		LF		
8a.	Total To Be Removed (Remaining ACM)	SF Column A 5a+6a+7a	N/A	N/A
8b.		LF Column A 5b+6b+7b		
9a.	Total Allowed Costs for Past Abatement Activity	Enclosure & Encapsulation Column C 1a+1b+2a+2b+5a+5b+6a+6b		\$
9b.		Removed <sup>1</sup> Column C 4a+4b		\$ (1)
10a.	Total Allowed Costs for Non-Abatement Activity	Past Non-Abatement Total Section E-2		\$
10b.		Future Non-Abatement Total Section F-2		\$
11a.	Total Allowed Past Costs & Future Non-Abatement Costs	Past Actual Cost Elected Column C 9a+9b+10a+10b		\$
11b.		Cost Model Elected <sup>2</sup> Column C 9a+10a+10b		\$ (2)

If Claimant elects to use the Cost Model to calculate Past Removal Costs:

- (1) It is not necessary to complete the dollar (\$) portion of the lines asking for Past Removal Costs (Lines 4a, 4b, and 9b), and  
 (2) Total Allowed Costs should not include Past Removal Costs from Line 9b. The Cost Model replaces Past Removal Costs if the Claimant so elects.

## CELOTEX ASBESTOS SETTLEMENT TRUST CLAIM FORM

Property Damage  
ClaimCOST MODEL DOCUMENTATION  
PAST ABATEMENT COSTSSection H(Past)  
Categories 1(a), 1(b), 1(c) & 2

Claim # \_\_\_\_\_

Claimant # \_\_\_\_\_ Building # \_\_\_\_\_ Installation # \_\_\_\_\_

The following information is necessary to determine Allowed Costs that may be allowed, in accordance with the Celotex Asbestos Property Damage Claims Resolution Procedures, if Claimant elects to use the Cost Model to calculate Past Abatement Costs of Celotex ACM. The Cost Model does not calculate Past Non-Abatement Costs.

By completing this Section H(Past), Claimant elects to use the Cost Model to determine its claim for Total Allowed Cost for Past Removal Activity in lieu of the amount calculated in Section G of this Claim. If "Yes", complete 1-12 below.

Yes ☐ No ☐

1. Location of ACM: How many square/lineal feet of ACM in areas abated were located at a height 15 feet above the floor? (room with high ceiling) \_\_\_\_\_ sf. \_\_\_\_\_ lf.
2. Occupancy of Space: What was the square/lineal footage of ACM in areas that were occupied for normal use during the Abatement? \_\_\_\_\_ sf. \_\_\_\_\_ lf. Please describe the use of the space and state why it remained occupied during Abatement. (Attachment HP2)
3. Security Area: Were additional security costs or Abatement Costs incurred because of security requirements beyond the facility's (airport operations, jail, etc.) normal operational security? \_\_\_\_\_ If "Yes", please provide a brief description of the activity requiring security and the square/lineal footage of ACM within the area requiring special security. (Attachment HP3)
4. Height Where Abatement Occurred: How many square/lineal feet ACM abated were located above the third floor of the building? \_\_\_\_\_ sf. \_\_\_\_\_ lf.
5. Special Protective Coverings or Enclosures: Were any special protective coverings, enclosures or barriers necessary to protect special equipment, furnishings or building elements that could not be removed from the Abatement area? \_\_\_\_\_ If "Yes", please provide a brief description of the special protective coverings, enclosures or barrier required, the reason for the special protective coverings, enclosures or barriers, and the cost thereof, (Attachment HP5)
6. Encapsulation: What square/lineal footage of the ACM abated was previously encapsulated? \_\_\_\_\_ sf. \_\_\_\_\_ lf.
7. Enclosure: What square/lineal footage of ACM abated was previously enclosed? \_\_\_\_\_ sf. \_\_\_\_\_ lf. Describe the enclosure and state what materials were used to construct the enclosure (wood, or metal studs, sheetrock, plaster, etc.). (Attachment HP7)
8. Extensive or Difficult Relocation: Are there any special items (large, heavy, bulky, etc.) that were removed and replaced during the Abatement process? \_\_\_\_\_ If "Yes", please provide a brief description of the item(s), reason for moving versus protecting, square/lineal footage of ACM affected and the estimated cost of relocation. (Attachment HP8)
9. Small Area(s): Are there any areas of less than a 1,000 square/lineal feet of ACM that were abated separately? \_\_\_\_\_ If "Yes", please describe the area(s), why they were abated separately, and the number of small areas abated separately. (Attachment HP9)
10. Floor Slopes/Fixed Seating: How many square/lineal feet of ACM that were abated were in an area with sloped floors or fixed seating that could not be removed for Abatement? \_\_\_\_\_ sf. \_\_\_\_\_ lf. Please provide a brief description of the area (theatre, auditorium, balcony, gymnasium [with fixed or folding bleachers], etc.) and the square/lineal footage of the room's floor area. (Attachment HP10)
11. Floor Covering: Was there any floor covering that was removed and replaced solely due to the Abatement? \_\_\_\_\_ Was there any floor covering that required special protection during Abatement (wood gym floor, lobby parquet flooring, etc.)? \_\_\_\_\_ If "Yes", please provide a brief description and area in square feet of each type of floor covering removed and replaced or requiring special protection during Abatement. (Attachment HP11)
12. Building Demolition: Was the building scheduled for demolition immediately following Abatement? \_\_\_\_\_

## CELOTEX AND ASBESTOS SETTLEMENT TRUST CLAIM FORM

Property Damage  
Claim

## COST MODEL DOCUMENTATION

Section H(Future)

FUTURE ABATEMENT COSTS Categories 1(a), 1(b), 1(c) &amp; 2

Claim # \_\_\_\_\_

Claimant # \_\_\_\_\_ Building # \_\_\_\_\_ Installation # \_\_\_\_\_

The following information is necessary to determine Allowed Costs that may be allowed, in accordance with the Celotex Asbestos Property Damage Claims Resolution Procedures for Abatement of Remaining Celotex ACM. The Cost Model does not calculate Non-Abatement Costs of Remaining Celotex ACM.

Supply a copy of the report of the Qualified Person or Asbestos Coordinator that supports the (i) answer to Questions 1-12 of Section H(Future), (ii) type, location and quantity of Celotex ACM remaining as stated in 5-8 (Section G), and (iii) scope and type of Abatement to be performed. (Attachment HF13)

1. Location of ACM: How many square/lineal feet of ACM in areas to be abated are located at a height 15 feet above the floor? (room with high ceiling) \_\_\_\_\_ sf. \_\_\_\_\_ lf.
2. Occupancy of Space: What is the square/lineal footage of ACM in areas that will be occupied for normal use during the Abatement? \_\_\_\_\_ sf. \_\_\_\_\_ lf. Please describe the use of the space and state why it must remain occupied during Abatement. (Attachment HF2)
3. Security Area: Will additional security costs or Abatement Costs be incurred because of security requirements beyond the facility's (airport operations, jail, etc.) normal operational security? \_\_\_\_\_ If "Yes", please provide a brief description of the activity requiring security and the square/lineal footage of ACM within the area requiring special security. (Attachment HF3)
4. Height Where Abatement Will Occur: How many square/lineal feet ACM to be abated are located above the third floor of the building? \_\_\_\_\_ sf. \_\_\_\_\_ lf.
5. Special Protective Coverings or Enclosures: Are any special protective coverings, enclosures or barriers necessary to protect special equipment, furnishings or building elements that cannot be removed from the Abatement area? \_\_\_\_\_ If "Yes", please provide a brief description of the special protective coverings, enclosures or barrier required, the reason for the special protective coverings, enclosures or barriers, and the estimated cost thereof. (Attachment HF5)
6. Encapsulation: What square/lineal footage of the ACM to be abated has been encapsulated? \_\_\_\_\_ sf. \_\_\_\_\_ lf.
7. Enclosure: What square/lineal footage of ACM to be abated has been enclosed? \_\_\_\_\_ sf. \_\_\_\_\_ lf. Describe the enclosure and state what materials were used to construct the enclosure (wood, or metal studs, sheetrock, plaster, etc.). (Attachment HF7)
8. Extensive or Difficult Relocation: Are there any special items (large, heavy, bulky, etc.) that must be removed and replaced during the Abatement process? \_\_\_\_\_ If "Yes", please provide a brief description of the item(s), reason for moving versus protecting, square/lineal footage of ACM affected and the estimated cost of relocation. (Attachment HF8)
9. Small Area(s): Are there any areas of less than a 1,000 square/lineal feet of ACM that must be abated separately? \_\_\_\_\_ If "Yes", please describe the area(s), why they must be abated separately, and the number of small areas to be abated separately. (Attachment HF9)
10. Floor Slopes/Fixed Seating: How many square/lineal feet of ACM that must be abated is in an area with sloped floors or fixed seating that cannot be removed for Abatement? \_\_\_\_\_ sf. \_\_\_\_\_ lf. Please provide a brief description of of the area (theatre, auditorium, balcony, gymnasium [with fixed or folding bleachers], etc.) and the square/lineal footage of the room's floor area. (Attachment HF10)
11. Floor Covering: Is there any floor covering that must be removed and replaced solely due to the Abatement? \_\_\_\_\_ Is there any floor covering that requires special protection during Abatement (wood gym floor, lobby parquet flooring, Etc.)? \_\_\_\_\_ If "Yes", please provide a brief description and area in square feet of each type of floor covering to be removed and replaced or requiring special protection during Abatement. (Attachment HF11)
12. Building Demolition: Is the building scheduled for demolition immediately following Abatement? \_\_\_\_\_

Property Damage  
Claim

CLAIM FORM CERTIFICATION

Section I  
All Categories

Claim # \_\_\_\_\_

Claimant # \_\_\_\_\_ Building # \_\_\_\_\_ Installation # \_\_\_\_\_

The APDCRP states that a Property Damage claim will be disallowed "for which the Claimant did not file a timely Proof of Claim within the meaning of the Bankruptcy Code and Bankruptcy Rules". **Claimant must provide a copy of the timely-filed Proof of Claim being relied upon for this PD Claim.** (Attachment II)

I hereby certify that the information contained in this Claim Form with the attached supporting documentation is true and correct based upon a reasonable investigation of the facts.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 199\_\_\_\_\_

Claimant : \_\_\_\_\_

Certified By : \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address	Firm Name
	Telephone #: ( )
City, ST, Zip	Facsimile #: ( )
	E-Mail Address:

On this \_\_\_\_\_ day of \_\_\_\_\_, 199\_\_\_\_\_, before me personally appeared \_\_\_\_\_ to me known to be the person named herein and who voluntarily executed the foregoing Claim Form Certification.

My term expires on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Signature \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_